STATE FORM

PRINTED: 06/20/2011 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD120089			(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) OATE SURVEY COMPLETED 05/26/2011			
NAME OF PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STAYE, ZIP CODE		202011		
INNOVATIVE LIEE SOLUTIONS 3043 BLA				ADENSEURG ROAD, NE GTON, DC 20018				
PREFIX (EACH DEFICIENC)	NTEMENT OF DEFICIENCIE / MUST BE PRECEDED BY SC (DENTIFYING INFORMA	FULL	. PREFIX TAG	PROVIDER'S PLAN DF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE		
1000 INITIAL COMMENT	rs		1 000		*****	İ		
through May 26, 20 three residents was population of six me The survey findings in the home, intervien nursing and direct of	was conducted May 2011. A random same selected from a resign. was based on obserews with administrative records, in	ple of dent vations ve, a review		Received Department of Health Regulation & Licensing Intermediate Care Facilities 899 North Capitol & Washington, D.C.	ealth Administration ties Division t., N.E.			
The interior and extending maintained in a safe and sanitary manne	The interior and exterior of each GHMRP shall be maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors.			innovative Life Solution continue to ensure the and exterior of the faci maintained in a safe an manner. On Friday, Jun 2011 a screen door was the back door of the back door of the back door of the back door of the back door.	ne interior cility are and sanitary one 24, as installed			
This Statute is not met as evidenced by: Based on observation and interview, the Group Home for Persons with Intellectual Disabilities (GHPID) failed to ensure the intenor and exterior of the facility were maintained in a safe and sanitary manner. The findings include: On May 26, 2011 at approximately 9:00 a.m., during the observation of four residents (Residents #1, #3, #4, and #6) leaving the facility, the back door was observed to be without a storm			on the back door. On June 28, 2011 the ILS contracted maintenance supervisor was notified of the debris under the porch. The maintenance supervisor agreed to remove the debris from under the porch and place a lattice under the porch area to prevent reoccurrence.					
door, and flies were In addition there was group home's back p handle, and an accu back steps. Ith Regulation & Licensing Administ	s debris observed und porch, i.e. soda bottle mulation of leaves un	der the , mop		TITLE		(X6) DATE		

Health F	Regulation & Licensin	g Administration						
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (DENTIFICATION NUMBER: HFD120689		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 05/26/2011				
NAME OF F	ROVIDER OR SUPPLIER		STREET AD	DRESS, CITY,	STATE, ZIP CODE			
3043 BLA			ADENSBURG ROAD, NE GTON, DC 20018					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPROPRIES OF FICIENCY)	N SHOULD BE COMPLETE E APPROPRIATE DATE		
1 422	Continued From pa	ge 1		1 4 <u>2</u> 2				
	Each GHMRP shall provide habilitation, training and assistance to residents in accordance with the resident 's Individual Habilitation Plan. This Statute is not met as evidenced by: Based on observation, staff interview and record review, the Group Home for Persons with intellectual Disabilities (GHPID) falled to ensure that residents received training, habilitation and assistance as prescribed in their Individual Support Plan, for one of the three residents in the sample. (Resident #2) The finding includes: Resident #2 was observed in his home on May 25, 2011. At approximately 3:10 p.m. the resident was observed to be overweight. Review of the resident's record revealed Resident #2 had a Nutritional Evaluation, February 23, 2011, that contained the following recommendations: a. Can benefit from a gradual decline in weight; b. Calories need to be decreased to 1800 Kcal and exercise needs to be part of his daily regimen; and c. 1800 kcal, No Concentrated Sweets, NAS, Low Sodium Products A review of the resident's Individual Program Plan (IPP) on May 25, 2011 revealed Resident #2 had program objectives for shopping, transportation to the day program and selecting books from the public library. At the time of the survey, there was no documented evidence of a program objective to address a daily exercise regimen as recommended. On May 26, 2011, at 3:23 p.m., an interview with the direct care staff revealed			continu residen habilita prescrib Support prograr develop exercise recome be impl and wil	innovative Life Solutions wi continue to ensure that residents receive training, habilitation and assistance prescribed in their Individu Support Plan. An exercise program objective has bee developed to address a dal exercise regimen as	ue to ensure that ints receive training, ation and assistance as ibed in their Individual irt Plan. An exercise im objective has been oped to address a daily se regimen as imended. This program will plemented twice weekly ill be documented by the		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIE IDENTIFICATION NU					(X3) DATE SURVEY COMPLETED			
· · · · · · · · · · · · · · · · · · ·	HFD120089					05/2	05/26/2011	
NAME OF PROVIDER OR SUPPLIER STREET AD			DRESS, CITY,	STATE, ZIP CODE				
INNOVA	TIVE LIFE SOLUTION	S		ADENSBURG STON, DC 2	G ROAD, NE 19018			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		COMPLETS DATE			
422	Continued From pa	ge 2		1 422		:		
	that the resident did program.	f not have an exercis	e				i	
	The record for a resident 's prescribed controlled substances shall include the following: (c) Name and telephone number of prescriber, This Statute is not met as evidenced by: Based on interview and record review, the facility failed to maintain controlled drugs records that included the name and telephone number of the prescriber. The finding includes: An interview was conducted with the Group Home's Qualified Intellectual Disabilities Professional (QIDP) during the entrance conference on May 25, 2011 at approximately 9:24 a.m According to the QIDP, Resident #3 was prescribed psychotropic medications. Review of the resident's medical record revealed a physician's order dated May 1, 2011, for Lorazepam 2 mg three (3) times a day. Review			1477	Innovative Life Solutions will continue to maintain control drug records that Include the name and telephone number the prescriber. Beginning Ju 2011 Innovative Life Solution will utilize an updated Control Substance Record that will clearly identify the name of prescriber and the telephon number of the prescriber. The documentation will replace previous documentation that was being used to prevent recurrent error.	olled e er of ly 1, ns obled the e this	7/1/11	
;	(CSR) for the reside the CSR's for Januarevealed Lorazeparra.m., 12:00 and 6:0 CSR's revealed no charme and telephone interview with the Re 26, 2011 at approximate the control of the con	ntrolled Substance Rent's Lorazepam. A rent's Lorazepam. A rent'y 2011 through Marin 2 mg was administed p.m. Further revies to cumented evidence number of the presentions (RN)	ecords view of ch 2011 ered 8:00 w of the e of the criber. on May					

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Health R	egulation & Licensin	ng Administration						
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A BUILDING B. WING		(X3) DATE SURVEY COMPLETED 05/26/2011				
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3043 BLA			DDRESS, CITY, STATE, ZIP CODE ADENSBURG ROAD, NE IGTON, DC 20018					
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:	there was no docur	er, at the time of the nented evidence of the ber of the prescriber.	ne name				:	
I 478	3522.6(d) MEDICA The record for a res substances shall in	sident's prescribed (controlled	I 478	i478 innovative Life Solutions continue to maintain cor drug records that include	ntrolled e the	7/1/11	
	(d) Date dispensed, and,,,,	, amount and expirati	on date;		expiration date for all pr controlled substances Beginning July 1, 2011 in			
	Based on interview failed to maintain co included the expirat	met as evidenced by and record review, the ontrolled drug records tion date for one of the on the sample (Resident	ne facility s that e three		Life Solutions will utilize updated Controlled Sub- Record that will clearly i the date dispensed, amo	an stance dentify ount and	· ·	
	The finding includes	·		·	expiration date of the properties. This documen			
During the entrance conference on May 25, 2011 at approximately 9:24 a.m., an interview was conducted with the group home's Qualified, Intellectual Disabilities Professional (QIDP). According to the QIDP, Resident #3 was prescribed psychotropic medications. Review of the resident's medical record revealed a physician's order dated May 1, 2011. Further review of the order revealed Resident #3 was prescribed Lorazepam 2 mg three (3) times a day.			will replace the previous documentation that was being used to prevent recurrent error.					
	Records (MAR's) re Records (CSR) for the Further review of the	y's Medication Admin realed Controlled Suche Resident #3's Lor e CSR's revealed no ce of an expiration de	bstance azepam.					
	At the time of the su	rvey, there was no	ĺ	'				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIF IDENTIFICATION NO.		ERICLIA (X2) MULTIPLE A. BLIILDING B. WING		TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED				
HFD120089				ODESS CITY	GYATE YIN CARE	05/2	6/2011		
3043 BLA				DDRESS, CITY, STATE, ZIP CODE ADENSBURG ROAD, NE IGTON, DC 20018					
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1 478	Continued From pa	ge 4		1478					
	documented evidence of the expiration date for Resident #3's Lorazepam.								
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